STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Little Ranch Of Hope	15750 Little Ranch Road Spring Hill, FL 34610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced, abbreviated state licensure survey was conducated on .

The Little Ranch of Hope, assisted living facility, had deficiencies at the time of the visit.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to furnish a verification of freedom from communicable including statement for one of two sampled employees (Employee A).

Findings include:

During a review of Employee A's personnel record on at approximately 5:30pm, there was no verification of freedom from communicable including statement found.

On at approximately 5:45pm, Employee A stated they have it in a file at home and can fax it to the Area Office on .

On at approximately 3:33pm a fax was received from the Administrative Director stating "We should be sending you Employee A's /No Communicable statement by ." The AHCA Area Office did not receive a fax from the Administrative Director with the required documents for Employee A.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to conduct a Level 2 background screen for one of two sampled employees (Employee B).

Findings include:

During a review of Employee B's personnel record on at approximately 6:00pm, there was no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	**11/04/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Little Ranch Of Hope	**15750 Little Ranch Road Spring Hill, FL 34610**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

documentation of a Level 2 background screen. Only a Level I background screening was done and the results were valid as of , prior to the date of hire of .

During a review of the current facility staff schedule on , Employee B was observed on the schedule covering the 7:00pm-12:00am and 12:00am - 8:00am shifts on varing days of the week.

On at approximately 10:30am, the surveyor checked the AHCA background screen website and there were no results indicating a Level 2 background screen had been conducted for Employee B.

A telephone interview was conducted on at approximately 2:55pm with the House manager stating a Level 2 background screening must be obtained for Employee B.

A telephone interview as conducted on at approximately 9:53am with the Administrative Director and thought that the background screeing that was done with fingerpints for Employee B was a Level 2 background screening.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Little Ranch of Hope
15750 Little Ranch Road
Spring Hill, FL 34610

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1162